**Resler’s Tax Service, Inc.**

**Tax Year 2020**

**New Client Information**

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 TaxpayerSpouse

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 Social Security Numbers

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 Occupations

Were you Single, **Married**, **Divorced**, or **Separated** as of Dec. 31st? (Circle one)

Email (The most efficient way for us to contact you)

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Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address

Phone Number

Dependent Information (Use back of page if necessary)

Full Name Date of Birth Social Security

Did dependent(s) live with you all year? Y/N

Did you pay rent in 2020? Y/N If yes, to whom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many months did you live there\_\_\_\_\_\_\_\_\_\_\_\_\_/ How much per month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you an Indiana Resident all year? Y/N

If no, which other state(s) did you live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

!!!!! DID YOU HAVE HEALTHCARE THE ENTIRE YEAR, AND IF SO DID YOU RECEIVE A 1095A FROM THE HEALTHCARE MARKET PLACE???? We MUST have the 1095A to complete tax return.

***Taxpayers need to provide a picture ID and social security card for each person listed on return. Without these, Resler’s Tax Service, Inc. cannot guarantee the accuracy of your return submitted to the IRS. All tax payers listed on the return must sign their own name.***

***Payment for our services must be provided before your return is transmitted,***